

TRAVEL VOUCHER <small>(Read Privacy Act Statement on the back)</small>		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE FDA/SER/ATL/DO/IB ①		2. TYPE OF TRAVEL <input checked="" type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION		3. VOUCHER NO. 4. SCHEDULE NO.	
5. a. NAME (Last, first, middle initial) Rogers, Sidney H. ②		b. SOCIAL SECURITY NO. 444-44-4444 ⑥		6. PERIOD OF TRAVEL a. FROM 09/28/98 ⑧ b. TO 10/02/98 ⑩		7. TRAVEL AUTHORIZATION a. NUMBER(S) ⑨ b. DATE(S) ⑩	
c. MAILING ADDRESS (Include ZIP Code) 60 Eighth St. NE Atlanta, GA 30309 ③		d. OFFICE TELEPHONE NO. 404-881-3151 ⑦		10. CHECK NO.		11. PAID BY	
e. PRESENT DUTY STATION Atlanta, GA ④		f. RESIDENCE (City and State) Atlanta, GA ⑤		8. TRAVEL ADVANCE a. Outstanding ⑪ b. Amount to be applied c. Amount due Government (Attached <input type="checkbox"/> Check <input type="checkbox"/> Cash) d. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE	
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH <small>(List by number below and attach passenger coupon; if cash is used show claim on reverse side)</small>							
I hereby assign the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7) ▶ Traveler's Initials							
AGENT'S VALUATION OF TICKET (a)		ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		
					FROM (e)	TO (f)	
A 0 612,080		154.50	EA	Y	09/23/98	ATL-Atlanta, JAX-Jacksonv	
⑫		⑬	⑭	⑮	⑯		
COMMENTS: ⑮ Purpose of travel (When Travel Manager is used to prepare travel voucher, the purpose of travel is not shown anywhere on the voucher. It is only documented on the travel order. The comments block can be used to state the purpose if necessary.) This travel voucher was created using Travel Manager 7.CB.							
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.						⑰	
TRAVELER SIGN HERE ▶ <i>Sidney H. Rogers</i> ⑱						DATE ⑲ AMOUNT CLAIMED ▶ \$ 603.95	
<small>NOTE: Falsification of an item in an expense account work is a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287, i.d. 1001).</small>							
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 660a).)					17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount)		
APPROVING OFFICIAL SIGN HERE ▶ ⑳					DATE		
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. ㉑ b. D.O. SYMBOL c. MONTH & YEAR					b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ NET TO TRAVELER ▶ \$		
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE ▶ ㉒					DATE		
18. ACCOUNTING CLASSIFICATION							

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER		ITEMIZED SUBSISTENCE EXPENSES		MILEAGE		AMOUNT CLAIMED			
DATE	DESCRIPTION	BREAKFAST	LUNCH	DINNER	TOTAL	MISC. SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	MILEAGE	SUBSISTENCE	OTHER
09/28	D: RES: Atlanta, GA				22.50			95.50		95.50	134.50
09/28	A: JACKSONVILLE, FL				30.00			103.00		103.00	61.90
09/28	Taxi-airport to hotel				30.00			103.00		103.00	21.30
09/29	Subsistence				30.00			103.00		103.00	2.30
09/30	Subsistence				30.00			103.00		103.00	6.90
10/01	Subsistence				30.00			103.00		103.00	34.45
10/02	A: RES: Atlanta, GA				22.50			22.50		22.50	
10/02	Subsistence				22.50			22.50		22.50	
SUBTOTALS									0.00	427.00	176.35
TOTALS									0.00	427.00	176.35

Enter grand total at columns (8), (9), and (10) below and in item 13 on the front of this form

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TOTAL AMOUNT CLAIMED 603.35

EXHIBIT 110-D TRAVEL VOUCHER (SF-1012) PREPARATION INSTRUCTIONS

The numbers below correspond to the circled numbers on IOM Exhibit 110-D. Check with your supervisor for any additional requirements by your district. Travel vouchers should be legible and must be completed in ink.

1. Location: Insert the name of the Department, Agency, & Center/Office or Field District Office.
2. Payee's Name: Enter traveler's name exactly as it appears on Travel Order. (Commissioned Officers, also show rank.)
3. Mailing Address: Show address to which payment would be mailed if applicable.
4. Present Duty Station: Enter your official duty station such as District. In case travel is to new station as on transfer, enter new station.
5. Residence: Enter your permanent residence.
6. Social Security Number: Insert your number.
7. Office Telephone No.: Enter number at which you can be reached.
8. Period of Travel: Enter first and last dates of expenses covered by voucher.
9. Authority No.: Enter Travel Order number from your travel order or obtain DO number from supervisor.
10. Authority Date: Enter date of TO. Obtain from your fiscal clerk for travel under district TO.
11. Travel Advance: Claim government-issued cash advances here. Don't claim federal credit card ATM withdrawals here.
12. Agent's Valuation of Ticket: Enter the total amount of travel and/or accommodation as shown on the TR.
13. Initials of Carrier Issuing Ticket: Show the initials of the carrier who issued the ticket.
14. Mode, Class of Service & Accommodation: Specify the type of transportation, i.e., rail air, bus; also type of accommodation used.
15. Date issued: Insert the date the ticket was issued.
16. Points of Travel: Enter point of origin and destination. If round trip, specify "& return".
17. Payee: Sign your name.
18. Date: Enter date you sign the voucher.
19. Amount Claimed: Enter the total amount of expenses for which gross reimbursement is claimed.
20. Approved: Your supervisor or other administrative official signs here to indicate administrative approval. If any expenses claimed require specific approval, e.g., taxi fares in excess of maximum or goods or services not specified on TO, the approval must be made by an official designated to authorize travel.
21. Last Preceding Voucher: If you submitted a previous voucher under the same TO, enter date submitted.
22. Accounting Classification: Your DO Fiscal Clerk normally enters this.

REVERSE SIDE OF VOUCHER

23. Date: Show date on which item of expense was incurred.
24. Time: Show date of departure from, and arrival at, official station or other place where official travel begins and ends. Other places visited while in travel status should be shown, but time of arrival is not necessary unless required by your district.
25. Description: State the general purpose of trip. (Note: Travel Manager computerized authorization/voucher program does not allow for placement of purpose on the reverse side of the voucher. If needed, the purpose can be placed in the comment section which prints on the front of the voucher.)

Itemize chronologically all expenses for the period covered by voucher including per diem and lodging.

Where a constructive cost is required, such as when your personal car is used in lieu of taxi or common carrier, provide specific flight or carrier schedules, times, and names of carriers. When allowable expenses are not to exceed constructive cost by common carrier, show the lesser of the actual cost or constructive cost in the "Amount Claimed" column.

- a. 24 Hours or Less:
No M&IE shall be allowed for domestic travel when the travel period is 12 hours or less in the same calendar day, or the employees workday plus 2 hours for employees who work a so-called non-standard workday.
When the travel period (entire trip) for which per diem has been authorized is more than 12 hours, but does not exceed 24 hours, the per diem allowance for the trip will be $\frac{3}{4}$ of the applicable M&IE allowance for the temporary duty assignment location.
- b. Over 24 Hours:
The M&IE Allowance is $\frac{3}{4}$ of the daily rate on first and last date of travel when overnight travel is involved and the full daily rate for each intervening day.
26. Instructions to Traveler: Self-explanatory.
27. Mileage Rate: Show rate per mile as authorized in the TO and the net mileage claimed. Any significant difference between mileage claimed and the Standard Highway Mileage should be explained.
28. Amount Claimed: Enter the amounts claimed opposite the specific description of items explained under "Description".
29. Grand Total: Enter the grand total to be carried forward to the face of the voucher. (Item 20)

NOTE:

1. When reclaiming a portion of a previous voucher which was suspended, identify fully and attach a copy of the suspension notice.
2. Lodging receipts are required. Submit Hotel Receipt with voucher.